

CLAIM REQUEST FORM FOR ACTIONS NOT DIRECTED BY THE USTB

	KENTUCKY DEPARTMENT FOR ENVIRONMENTAL PROTECTION	<i>Mail completed form to:</i> DIVISION OF WASTE MANAGEMENT UNDERGROUND STORAGE TANK BRANCH 200 FAIR OAKS LANE, SECOND FLOOR FRANKFORT, KENTUCKY 40601 (502) 564-5981 http://waste.ky.gov/ust	FOR STATE USE ONLY

GENERAL INFORMATION

AGENCY INTEREST #:	APPLICATION #:
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TYPE OF CLAIM REQUEST

(Check one only)

<input type="checkbox"/> Optional Soil Removal at Time of Closure <input type="checkbox"/> Facility Restoration	<input type="checkbox"/> Miscellaneous Worksheet (indicate which apply) <input type="checkbox"/> Disposal of Soil or Water from within the Excavation Zone <input type="checkbox"/> Initial Abatement Actions <input type="checkbox"/> Transportation and Disposal of Drums <input type="checkbox"/> Encroachment Permit Renewal <input type="checkbox"/> Unscheduled Maintenance of Remediation System
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APPLICANT INFORMATION**FACILITY INFORMATION**

FACILITY OWNER/OPERATOR (APPLICANT'S) NAME:			FACILITY NAME:		
OWNER/OPERATOR MAILING ADDRESS:			PHYSICAL LOCATION:		
CITY:	STATE:	ZIP CODE:	CITY:	COUNTY:	ZIP CODE:
TELEPHONE NUMBER:	FAX NUMBER:	E-MAIL ADDRESS:	FACILITY CONTACT PERSON:	FACILITY TELEPHONE NUMBER:	
LEGALLY AUTHORIZED REPRESENTATIVE OR AGENT:		TELEPHONE NUMBER:	FACILITY FAX NUMBER:	FACILITY E-MAIL ADDRESS:	

AMOUNT REQUESTED FOR REIMBURSEMENT \$ _____**CHECKLIST FOR CLAIM REQUESTS**

<input type="checkbox"/> Worksheet as required by 401 KAR 42:250.	<input type="checkbox"/> Payment Verification Affidavit Form DEP6075/03/11.
<input type="checkbox"/> Payment has been made for all applicable annual registration fees in accordance with KRS 224.60-160	<input type="checkbox"/> Payment Waiver Form DEP6077/03/11 (as applicable).

FACILITY OWNER CERTIFICATION

I hereby certify under penalty of law that I am the (mark one): ☐ Applicant ☐ Legally-authorized representative or Agent of the applicant
 AND

I THE UNDERSIGNED, FIRST BEING DULY SWORN, STATE, UNDER PENALTY OF LAW, THAT I HAVE PERSONALLY EXAMINED AND AM FAMILIAR WITH THE INFORMATION SUBMITTED IN THIS AND ALL ATTACHED DOCUMENTS, AND THAT BASED ON MY INQUIRY OF THOSE INDIVIDUALS RESPONSIBLE FOR OBTAINING THE INFORMATION, I CERTIFY THE SUBMITTED INFORMATION IS TRUE, ACCURATE AND COMPLETE. I FURTHER CERTIFY THAT, IF NOT THE OWNER OR OPERATOR, I AM AUTHORIZED BY THE OWNER OR OPERATOR AS AN AGENT TO MAKE THIS CERTIFICATION, OR I AM THE PERSON ELIGIBLE UNDER 401 KAR CHAPTER 42 AND MY ELIGIBILITY IS IN GOOD STANDING.

SIGNATURE REQUIREMENTS: If incorporated or a public service corporation, the individual signing this form can be the president or secretary of the corporation; the duly authorized representative or agent of the executive officer, if the representative or agent is responsible for overall operation of the facility; or a person designated by the board of directors by means of a corporate resolution. For the individual signing for a partnership, sole proprietorship or individual, shall be a general partner, the proprietor or individual, respectively. For a government/non-profit, the form is to be signed by a principal, executive officer or ranking elected official. The power of agency signing the certification shall submit documentary evidence to substantiate the legality of the authorized representation of the owner/operator.

PRINTED NAME OF APPLICANT (Or Authorized Representative or Agent):	TITLE:	
SIGNATURE OF APPLICANT (Or Authorized Representative or Agent):	DATE:	
ELIGIBLE COMPANY OR PARTNERSHIP AUTHORIZED REPRESENTATIVE'S SIGNATURE:	UST BRANCH'S PST ELIGIBLE COMPANY #:	DATE:

FOR STAFF USE ONLY

FILE/CORRE #: _____ ACCOUNT: FRA/PSTA VENDOR ID # _____ CLAIM REQUEST # _____

AMOUNTS**SIGNATURES****DATES**

AMOUNT OF ENTRY LEVEL:

AMOUNT MET: YES/NO

\$ _____

STAFF

____/____/____

TOTAL AMOUNT OBLIGATED:

\$ _____

TOTAL AMOUNT PAID:

\$ _____

BRANCH MANAGER

____/____/____

TOTAL ADJUSTMENTS (+/-):

\$ _____

AMOUNT RECOMMENDED TO BE PAID:

\$ _____

If you have questions on how to fill out this form or to request a review of the facility records, please contact the cabinet at (502) 564-5981 or visit our website at <http://waste.ky.gov/ust>.

****RETAIN A COPY OF THIS FORM FOR YOUR RECORDS****